

Grimes Parks & Recreation Depart

Telephone: (515) 986-2143

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www.grimesiowa.gov

CITY OF
GRIMES



Weight Loss Wednesday Workouts

Program Description:

Explosive Performance will be providing group workouts to jumpstart your resolution! Hour-long workouts include warm-up and cool down. Resistance training, aerobic and anaerobic workouts targeting weight loss. All ages and levels of fitness are encouraged to attend! Workouts will be modified individually in a group setting. Min. 6/Max 25

Who: All Ages and Fitness Levels

When: Mondays & Wednesdays, May 2 – May 30, 2012
Classes are from 7:30pm – 8:30pm
**Skips Memorial Day*

Where: Grimes Community Complex in Taekwondo Room

Questions: Eric Shafer, Trained Instructor
By phone at 515-480-0131 or by email at eric.c.shafer@gmail.com

To Register: Please go to the website at www.grimesiowa.gov to register or stop in or Mail payment to the Grimes Parks and Recreation Office at 410 SE Main Street in Grimes, Ia 5011.

Cost: \$60 for 2x per week or \$30 for either Mondays or Wednesday



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2012 “Weight Loss Wednesday – May 2012” Registration Form

PARTICIPANT’S NAME: _____ DOB: _____ Age: _____

PARENT/GUARDIAN’S NAME: _____

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

EMAIL: _____ PHONE: _____

Please Circle - Mondays and/or Wednesdays

Cost is \$60 for 2x per week or \$30 for either Mondays or Wednesdays

Release and Indemnification Agreement:

I hereby request that you accept my application for registration in this Grimes Park and Recreation Department program. I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event I am injured in an accident that occurs while I am participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage while I participate in this particular activity. I will also allow pictures of myself during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature _____

Date _____

Grimes Parks & Recreation Office Location ~ 410 SE Main St. in Grimes